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## Against Sick States: Ebola Protocols in Austerity Spain

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By Janina Kehr

A few months ago, the independent Spanish online newspaper *El Diario* published a cartoon entitled "[Ebola in Madrid](#)". It showed a health worker, camouflaged in a green protection suit, wearing a white head shield and goggles, leaning over a patient almost completely hidden under the sheets of the hospital bed. The huge hospital room is deserted and empty, virtually looted. It resembles an evacuated department store, but depicts a worn down, abandoned hospital floor. The health worker addresses the patient, saying: "Now the most important thing is that you get calm and relax. We should not disregard the possibility that the virus dies from boredom".



The cartoon was published in the first week of August 2014, when a Spanish missionary, sick with Ebola, was repatriated from Liberia to his home country. It sarcastically staged two things: the helplessness of health professionals against a deadly disease in the absence of an effective treatment; and a decaying Spanish health care system, which is pictured as literally falling apart, ill prepared to care for those suffering from a highly contagious and deadly disease.

Two months later, Ebola is once again on the front page of every Spanish newspaper with spectacular information: Teresa, one of the nurses who

had cared for the repatriated missionary in August, was diagnosed with Ebola herself and later admitted to the infectious disease unit of one of Madrid's large University Hospitals, Carlos III. The news for Spain was dire indeed: this case was the first person-to-person transmission of the virus outside of Africa. Was Spain "evolving towards Africa," to use a phrase from Jean and John Comaroff (Comaroff and Comaroff 2011)? The European Union demanded explanations from the Spanish Ministry of Health and sent an expert commission to investigate the case, which concluded that Spain was ill-prepared for a potential epidemic. On the ground, health professionals working in the Carlos III hospital gathered every day in front of the building in protest, denouncing their deteriorating working conditions. Meanwhile, the Spanish government blamed Teresa for having been negligent during the care of the missionary – an accusation that triggered a twitter firestorm in defence of the nurse: [#TodosSomosTeresa](#) (we are all Teresa)! Even more so, the blame was returned: health professionals, activist groups, and engaged citizens demanded the resignation of Ana Mato, the Spanish Minister of Health: [#AnaMatoDimision](#). Protesters accused the government of neglect and demanded immediate political change.

As helpless as health professionals may seem against treating Ebola in an individual patient, they are far from passive figures in the political scandal surrounding the disease in Spain. On the contrary, they are vigorous participants turning the medical debate into a political one. Doctors, nurses and activist citizens are using the case of Ebola in Spain as a mouthpiece to make their voices and opinions on public health heard. Ebola itself is not on trial. It is not the virus that is accused of killing. It is not even a fear of contagion triggering "irrational" and "violent" riots by a desperate population and its doctors (as has been reported from West Africa in Spanish media). Instead, on trial is a political system of patronage, hubris and arrogance, which governs despite the contempt of its citizens.



😬 El peor virus q hay en España no es el  
#ebola , es la clase política q tenemos  
#TodosConTeresaM4  
#11OGameOver



“The worst virus in Spain is not Ebola, it is our political class”

Also on trial is the political trend to privatize and underfund an institution Spanish citizens care very much about: their public health service. A journalist wrote in the newspaper *El Diario* one day after Teresa was diagnosed with Ebola: “The origin of the problem is in the Government. The real virus is a policy which is destroying without pity the health services and public health.”<sup>[1]</sup> (*El Diario*, 2014).

Such accusations conjure images of the late 1980's and early 1990's AIDS movements in the U.S., when a pharmaceutical treatment was not yet publicly available. “Die-ins,” posters showing names and faces of AIDS victims subtitled “Killed by the Government,” and other highly symbolic expressions and events surrounding AIDS activism have subsequently become part of a global protest repertoire against governmental politics of epidemic denial and ignorance. Moreover, in European countries, such public displays of discontent with governmental health policies have recently become powerful means of contesting the

politics of public service privatisation and austerity measures, at least in countries with national health services, like Spain and the U.K.

The Ebola protests in Spain, which always already go beyond a single disease in their claims and problematizations, represent more than a singular outrage against the governmental response to a contagious infection. They are not simply another reaction to a global politics of fear and panic in the face of an “African fever” (Seah 1978), as Ebola was termed in the 1970s, where racialized security measures are omnipresent in the form of border controls and surveillance. Rather, Ebola protests are an extension and intensification of protests against a politics of austerity and privatization in the domain of health care, which have been continuous in Spain since the autumn of 2012. In a country where Ebola is far from having taken on epidemic proportions, the disease figures as a metaphor in the protests against governmental public health politics without being the actual reason for them. A sick state is on trial—a state whose governors reign for their own sake, a state who is sick from its economic policies.

Much anthropological work on Ebola in West Africa has argued that revolts of “the local population” against the disease, treatment measures and foreign aid must be seen in larger political contexts of post-colonial medical interventions, neoliberal global health policies and cultural and symbolic practices of death, disease and suffering. (See, for example, *Cultural Anthropology*’s series of posts on “[Ebola in Perspective](#)” as well as other pieces in *Somatosphere*’s “[Ebola Fieldnotes](#)” series). The same is true for Ebola in Spain, even in the absence of an epidemic. The political and medical responses to an epidemic need always to be seen in a larger picture of societal discourse and historical change – taking into account the disease itself, but also the larger political problematization of health, illness and medical care. As disease historian Charles Rosenberg has outlined, every culture “constructs its specific response to an epidemic” (Rosenberg 1992). Medical anthropologists working on epidemics and epidemic threat have very well shown that this is true even in the absence of an “epidemic event” (Caduff 2014), as is currently the case in Spain. Preparedness, biosecurity interventions, disaster trainings, and targeted funding are all examples of highly politicized and oftentimes culturally specific responses to the governing of disease, even if the disease has not become an actual epidemic yet, and maybe never will.

What makes Ebola protests in Spain specific in Rosenberg’s sense is thus not the usual repertoire of “biosecurity” and fear that Andrew Lakoff has describe as one of two contemporary “regimes of global health” (Lakoff 2010). What makes Ebola protests in Spain specific is that they represent a particular form of public fear, namely the fear that structural changes in its health care system makes Spain “unprepared”. [Vinh-Kim](#)



[Nguyen \(2014\)](#) and [Guillaume Lachenal \(2014\)](#) have recently shown how Ebola in West Africa was indeed a systematic preparation of unpreparedness, beginning with the infamous structural adjustment policies of the 1980s, which destroyed young post-colonial public health systems, up to recent pharmaco-philanthropic policies of disease control, which invest in very narrow scientific and epidemiological targets only instead of strengthening health systems and public health services as such. It is exactly this kind of unpreparedness that is feared in Spain, where the economic crisis of 2008 has become a “chronic crisis” (Vigh 2008), and where measures of austerity and privatization have become the norm. Ebola makes this fear of unpreparedness with all its deadly consequences highly visible. The Ebola protests are a sign of the increasing public and medical concern with austerity measures, put in place by a politically and economically sickening Spanish welfare state and a political class that is seen as highly incompetent by many citizens and protestors.



“I am not fleeing Ebola! I am fleeing incompetency!”

On an European time scale, Spain's welfare state is quite young; its national health service dates back to the mid 1980s. It was only with the Spanish Constitution of 1978, after the Franco dictatorship had ended, that citizens were granted a right to health protection, a right that the state guarantees. With the democratic transition in Spain, health protection thus became not only a citizen's right but also an obligation of the young democratic welfare state. Inscribing a right to health care in the Spanish constitution thereby paralleled nationally the global movement for primary health care and the right to health of the 1970s, famously reaffirmed in the declaration of Alma Ata in 1978. With the General Law of Public Health of 1986 (Ley General de Sanidad, LGS), public health care in Spain was universalized, transforming a former social security system into a national health system, like the United Kingdom's NHS. Despite discussions and political struggles among economists, politicians and health professionals about the viability of such a national health service, Spanish citizens gradually came to embody this system with its principles of universality, high-quality and gratuity. Today, citizens and medical professionals alike express pride for "their" health system and their strong identification with it: "The public health system is the best thing we have" – "In international comparison, we have one of the best public health systems of the world". In short, citizens and professionals have developed affective attachments to the state-led system of public health and take it politically for granted, deeply appreciating its values of universality and solidarity. The Ebola protests in Madrid have to be seen in this context. They are in effect a continuation and intensification of the *Marea Blanca*<sup>[2]</sup> – the white tide – in which doctors, nurses and citizens have defended a welfarist healthcare system only one generation old, a system that has become "theirs" and that they fear to lose. But there are other fears and angers that become visible through the Ebola protests.

There is fear for the future of universal and high quality medical care that protects everybody, not only from epidemics as Ebola but also from other illnesses. There is fear for the future of the welfare state as such. There is fear for the social and political progress of a country that has just recently and "recalcitrantly" turned "modern" (Elena Delgado, Mendelson, and Vázquez 2007). There is anger about political "incompetence" and "corruption" of a political class, attributes which are usually attributed to "weak" or "failed states" (Kosmatopoulos 2011; Li 2005) in the South. Images as the one below, taken at a Marea Blanca demonstration a year ago show protesters who hold elements of Picasso's Guernica as warning signs. Such images illustrate fears that history repeats itself; that Spain falls back in not so distant pasts where politics of death and mass graves were part of Spanish life (Ferrándiz 2008); that Spain – once again – becomes Europe's Southern *Other*, Europe's internal outback, Europe's Africa. In sum, fear that Spain is becoming a terrain on which Ebola

cannot be controlled.



Again, is Spain “evolving toward Africa” (Comaroff and Comaroff 2011)? Obviously the answer cannot be “yes” or “no”. There is no anthropological reason for asking such a question literally, as it risks contributing to European fears of degeneration, of becoming like the world’s most disease ridden region, of becoming the eternal “Other”. Yet there are good reasons to ask this question—as Europeanists—in the way that Africanists John and Jean Comaroff have posed it—namely as a heuristic provocation. Understood as such, the question allows us to take seriously those dark imaginaries and enraged visions that animate current protests in Spain, inspired as much by historical experience as by a “nostalgia for the future” (Piot 2010)—not at all unlike those experiences and desires that have been described for African countries after high peaks of modernization. Anthropologists have always been good at taking people seriously in their ordinary experience of historical change and future life (Das 2007), in their ways of making sense of the everyday politics of domination, violence and precarity (Allison 2013; Comaroff and Comaroff 2000; Fassin 2007; Vaughan 1991; White 2000) while paying attention to their wishes that the world could be otherwise (Povinelli 2012). It is in this sense that the Comaroffs’ provocation to theorize the North from the South is to be understood: as an invitation to read contemporary Europe through Southern anthropologies in an attempt to move beyond opposition and demarcation, clear cut boundaries and geographical plausibilities.

So what could it mean to think Ebola protests in the North *from* the South? On a very practical public health level, it could mean that the North should



think twice before repeating the mistakes they have inflicted on the South, when international organisations governing *from* the North – like the World Bank or the International Monetary Fund – have promoted structural adjustment and privatization to newly independent nations, leaving their health systems in “ruins” (Geissler 2013). This is an argument which has indeed been made by political economists (Stuckler and Basu 2013). On a theoretical level, to think the Ebola protests *from* the South could mean that one has to take the current anxieties of Spanish doctors and nurses – anxieties of becoming increasingly unprepared for Ebola, much like the South today – seriously, instead of dismissing them as a transient outcry in the face of pandemic panic. Even if Ebola is not a medical crisis in Spain and most probably won’t be one in the future, Ebola protests attest to a profound political unease, triggered by sincere concerns with the future effects of current public health policies. These are policies which have been experimented with in Africa with deadly consequences. Yet the determination of the Spanish protestors against the policies of their sick state indicate a strong desire for another future of public health, a future in which states newly (and maybe differently) invest in old political values such as solidarity, welfare and public service. As such, the current protests are not only hopeful signs for the future, but also intriguing fields of research where different visions of conflicting biopolitics are in the making.

[Janina Kehr](#) studied Anthropology and Political Sciences at the University of Göttingen and the University of California Santa Cruz. She received her PhD in Anthropology from the Ecole des Hautes Etudes en Sciences Sociales Paris and the Humboldt University of Berlin in 2012. Since 2011, she has worked as researcher at the Institute for the History of Medicine in Zurich. Currently she is preparing a book manuscript entitled “Global Health at Home”, which looks at the governance of tuberculosis in two Western European countries, France and Germany, in the 21st century. Her new research project concerns medical belonging, health citizenship and biopolitical nostalgia in austerity Europe. She writes about ongoing research activities – more or less regularly – on her blog “[Medical Modernities](#).”

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## Notes

[1] All translations from Spanish are mine.

[2] *Marea Blanca*, in English White Tide, is a social protest movement and monthly march of health professionals and citizens in Spain which was first realized in September 2012 in Madrid. The Marea Blanca protests against the privatization of hospitals and public health centres in Madrid, but also against sanitary exclusion of undocumented immigrants and other, recently excluded groups of people. Other Mareas protesting against politics of austerity and privatization also exist in Spain, in the domain of education for example.

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